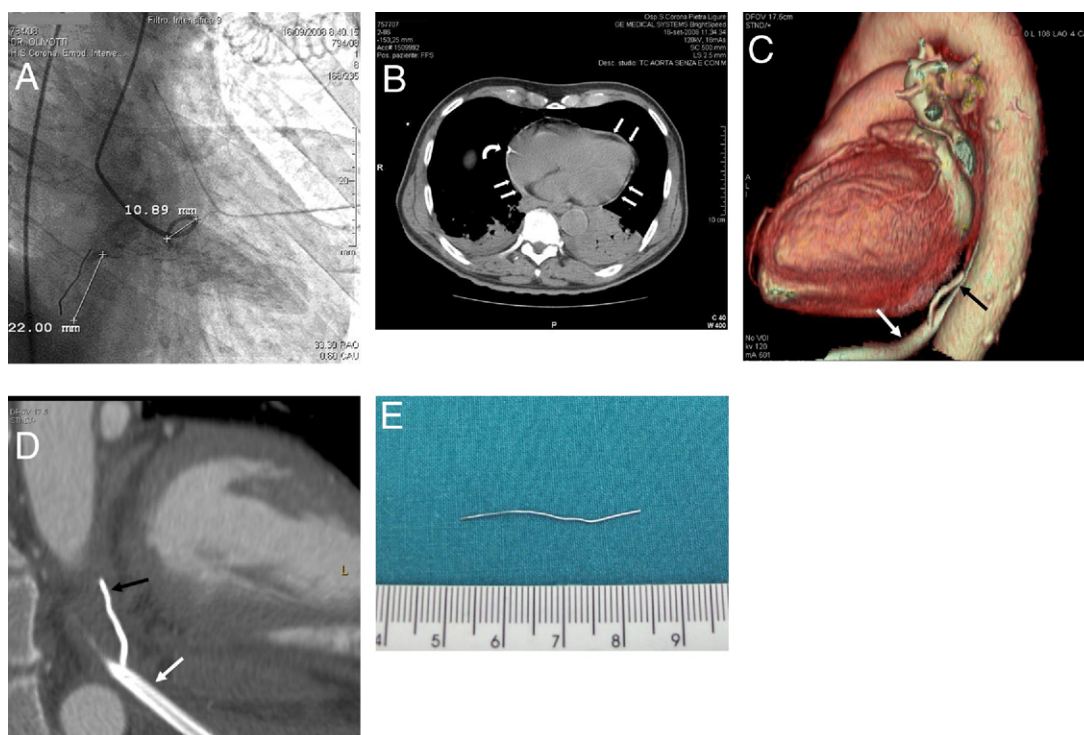


IMAGES IN CARDIOLOGY

Cardiac Tamponade Caused by a Swallowed Metallic Wire

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A 56-year-old man with chest pain and cardiogenic shock was admitted for suspected aortic dissection. Transthoracic echocardiogram showed small pericardial effusion causing right atrial diastolic compression. One week before, sudden severe epigastric pain occurred while eating.

The patient underwent cardiac catheterization. A tiny radio-opaque wire (approximate length, 25 mm; diameter, 0.4 mm) was evident, with its tip near the cardiac shade moving synchronously with cardiac contractions (A, [Online Video 1](#)).

Cardiac arrest with pulseless electrical activity followed, resolved with emergency pericardiocentesis and drainage of 100 ml of blood from the pericardium (B).

In the following days, electrocardiography-gated 64-slice computed tomography of the heart clarified the exact position of the wire (**black arrow**), with one tip adjacent to the pericardium and the other in close relation with the esophagus (**C and D, white arrow**: nasogastric tube).

The patient underwent successful endoscopic removal of the foreign body (E).